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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

Filed Herewith

Twitchell et al

Microdermabrasion...

TWITCHELL, UTL

I hereby appoint:



Practitioners at Customer Number

021590

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OR



Practitioner(s) named below:

Name	Registration Number
James A. Hinkle	22,221
Greg O'Bradovich	42,945

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The above-mentioned Customer Number.

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Practitioners at Customer Number.

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OR

Firm or
Individual Name

Hinkle & O'Bradovich, LLC

Address

395 Scenic Highway

Address

City

Lawrenceville

State

Georgia

Zip

30045

Country

US

Telephone

(770) 995-8877

Fax

(770) 995-0116

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Eric D. Fuller

Signature

Eric D. Fuller

Date

11/19/03

Telephone

770-432-7060

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	
Filing Date	Filed Herewith
First Named Inventor	Twitchell et al.
Title	Microdermabrasion...
Art Unit	
Examiner Name	
Attorney Docket Number	TWITCHELL, UTL

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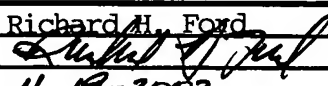
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Number Bar Code
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Hinkle & O'Bradovich, LLC				
Address	395 Scenic Highway				
Address					
City	Lawrenceville	State	Georgia	Zip	30045
Country	US				
Telephone	(770) 995-8877	Fax	(770) 995-0116		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Richard H. Ford		
Signature			
Date	11-19-2003	Telephone	706-824-9976

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Application Number	
Filing Date	Filed Herewith
First Named Inventor	Twitchell et al.
Title	Microdermabrasion ...
Art Unit	
Examiner Name	
Attorney Docket Number	TWITCHELL.UTL

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☐ Practitioners at Customer Number.

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OR

☒ Firm or Individual Name Hinkle & O'Bradovich, LLC

Address 395 Scenic Highway

Address

City Lawrenceville State Georgia Zip 30045

Country US

Telephone (770) 995-8877 Fax (770) 995-0116

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	David J. Twitchell
Signature	<i>David J. Twitchell</i>
Date	11.19.03
Telephone	(770) 330 8212

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	TWITCHELL.UTL
First Named Inventor	Twitchell et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	Filed Herewith
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICRODERMABRASION APPARATUS AND SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

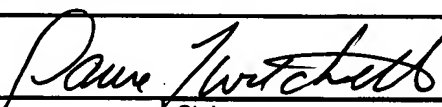

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label				021590		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Greg O'Bradovich							
Address 395 Scenic Highway							
City Lawrenceville				State Georgia		ZIP 30045	
Country US		Telephone (770) 995-8877		Fax (770) 995-0116			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) David J.				Family Name or Surname Twitchell			
Inventor's Signature 						Date 11-19-03	
Residence: City Snellville		State Georgia		Country US		Citizenship US	
Mailing Address 4160 Na Ah Tee Trail							
City Snellville		State Georgia		ZIP 30039		Country US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Richard H.				Family Name or Surname Ford			
Inventor's Signature 						Date 11-19-03	
Residence: City Braselton		State Georgia		Country US		Citizenship US	
Mailing Address 26 Berkley Lane,							
City Braselton		State Georgia		ZIP 30517		Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Eric D.		Fuller	
Inventor's Signature <i>Eric D. Fuller</i>		Date <i>11/19/03</i>	
Residence: City	Smyrna	State	GA
Country	US	Citizenship	US
Mailing Address 5020 Hickory Mill Drive			
Mailing Address			
City	Smyrna	State	GA
Zip	30082	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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